IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Liew et al.

Application No.: 10/753,976 Group No.: 3737

Filed: January 7, 2004 Examiner: Ramirez, John Fernando

For: Methods of Predicting Musculoskeletal Disease

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. § 1.311) AND PAYMENT OF PUBLICATION FEE ((37 C.F.R. § 1.211(e))

- 1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
- 2. Applicant
 - A. Asserted small entity status in this application on January 7, 2004 by payment of the basic filing fee as a small entity. (37 C.F.R. § 1.27(c)(3))

It is confirmed that small entity status for this application has been checked and it is still in effect and is being asserted.

- B. Applicant hereby asserts small entity status for this application.
- **3.** Fee (Issue):

Application status is small business entity with a utility fee of \$755.00.

4. Fees (Publication)

This is an application for a utility patent and:

The publication fee of \$ 300.00 (§ 1.18(d)) is being paid herewith.

5. Advance Order of Copies

Number of copies ordered 1 x 3.00 per copy (37 C.F.R. 1.19(a)(1))

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6. Total Fees Due

The total amount of fees due is:

issue fee \$755.00 publication fee \$300.00 additional copies \$3.00

TOTAL FEE(S) DUE \$1,058.00

7. Assignee's Name and Address To Be Printed On Patent is as follows (37 C.F.R. § 3.81):

Name of Assignee: ImaTx, Inc.
Address: 2 Fourth Avenue
Residence (City and State or Country): Burlington, MA

Assignee category or categories (not printed on patent): Corporation or other private group entity

8. Payment of total fee due:

Authorization is hereby made to charge the amount of \$1,058.00 to Deposit Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

Date: October 15, 2010 /Jonathan C. Lovely, #60,821/

Jonathan C. Lovely Registration No. 60,821

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03155/00121 1342741.1

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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			[(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO	. CONFIRMATION NO.	
10/753,976 01/07/2004		Siau-Way Liew		3155/121	6434		
TITLE OF INVENTION	: METHODS OF PRED	ICTING MUSCULOSKE	ELETAL DISEASE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE TOTAL FEE(S) D	UE DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	10/18/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
RAMIREZ, JOHN FERNANDO		3737	600-407000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
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ImaTx, Inc.			Burlington, MA				
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5. Change in Entity Sta	tus (from status indicateds SMALL ENTITY state		□ h Applicant is no	langar alaiming SMA	LL ENTITY status. See 37	CER 1.27(~\/2)	
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		ovely, #60,821/	DateOct	ober 15, 2010			
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